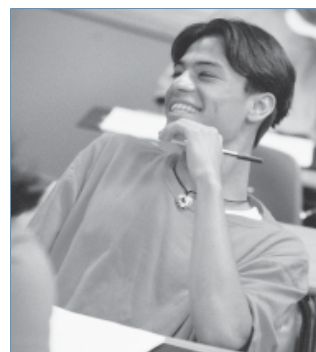




Healthy Youth: An Investment in Our Nation's Future 2003



"Children are our most valuable resource, and schools represent an opportunity to provide our children with valuable health skills."

U.S. Senate Appropriations Committee Senate Report 107-84,
to accompany Labor, Health and Human Services, and Education (LHHS) Appropriations Bill
Fiscal Year 2002

Revised March 2003

Health Challenges That Young People Face

The health of young people, and the adults they will become, is critically linked to the health-related behaviors they choose to adopt today.

Certain behaviors that are often established during youth can cause serious health problems for young people, both now and in the future. Over time, these behaviors can lead to heart disease, cancer, and injuries—the leading causes of death in America. Such behaviors include

- Using tobacco.
- Eating an unhealthy diet.
- Not being physically active.
- Using alcohol and other drugs.
- Engaging in sexual behaviors that can cause HIV infection, other sexually transmitted diseases, and unintended pregnancies.
- Every day, about 2,200 young people take up daily smoking.
- In 2001, only 32% of high school students participated in daily physical education classes, compared with 42% of students in 1991.
- Almost 80% of young people do not eat the recommended five servings of fruits and vegetables each day.
- Every year, more than 870,000 adolescents become pregnant and about 3 million become infected with a sexually transmitted disease.
- Engaging in behaviors that can result in violence or unintentional injuries, such as injuries from motor vehicle crashes.

School Health Education: Proven Effective

Every school day, more than 53 million young people and more than 4.4 million teachers attend 129,000 schools across our nation.

Because of the size and accessibility of this population, school health programs are one of the most efficient means of shaping our nation's future health, education, and social well-being.

School health programs can be an effective means of improving educational achievement. Young people who are hungry, ill, depressed, or injured are less likely to learn.

Rigorous studies in the 1990s showed that health education in schools can effectively reduce the prevalence of health risk behaviors among young people. For example,

- A health education program reduced by 37% the proportion of seventh-grade students who started smoking.

- The prevalence of obesity decreased among girls in grades 6–8 who participated in a school-based intervention program.

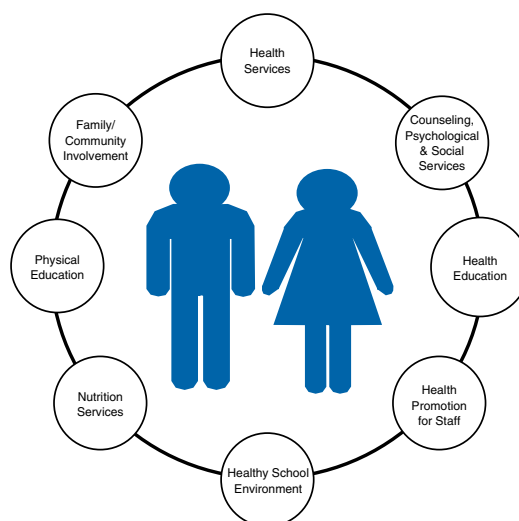
- Students enrolled in the school-based Life Skills Training program were less likely than other students to use tobacco, alcohol, and marijuana.

In 1998, Congress noted the opportunity our nation's schools offer when it urged CDC to expand its support of coordinated health education programs in schools. Gallup polls have shown strong parent, teacher, and public support for school health education.

Enthusiasm for addressing health among young people has grown in the private sector as

well. National health and education organizations, including the American Medical Association, the American Cancer Society, and the National Association of State Boards of Education, actively endorse a coordinated approach to health education in the school setting.

The Eight Components of a Coordinated School Health Program



CDC's Leadership and Collaborations

In 1987, CDC began providing funds and technical assistance for state, county, and large-city education agencies to help schools conduct effective HIV prevention education. HIV prevention education proved effective, and Congress soon realized that this approach might be successful in preventing other diseases, such as heart disease, stroke, cancer, and diabetes. "The time to prevent health-damaging behavior patterns is before they are established. Comprehensive school health education in schools takes advantage of that," the U.S. House Appropriations Committee reported. Thus, CDC began a new initiative in 1992 to support coordinated school health programs that promote healthy behaviors, such as eating a healthy diet, being physically active, and avoiding tobacco use. The goal is to reduce young people's risk for developing chronic disease later in life. With fiscal year 2003 funds of about \$10 million, CDC supports coordinated school health programs across the country (see map below). CDC also receives about \$47 million to support HIV prevention education in 47 states, 7 territories, and 18 metropolitan areas.

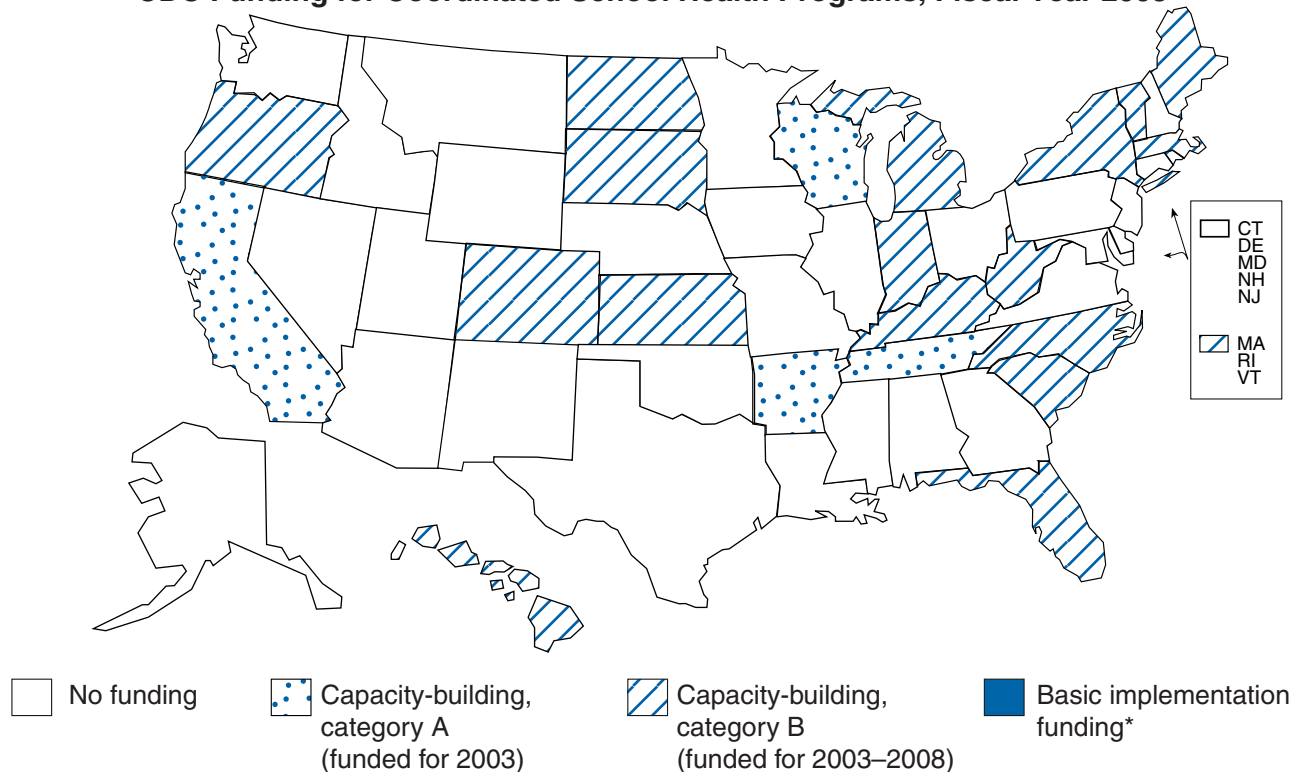
National Framework

CDC has established a national framework to support coordinated school health programs. More than 40 national nongovernmental education and health organizations work with CDC to develop model policies, guidelines, and training to help states establish high-quality school health programs.

State-Based Programs

Through the established national framework and in collaboration with health and education partners, CDC helps funded states provide young people with the information and skills they need to choose healthy behaviors. To ensure that these healthy behaviors are systematically addressed, CDC and its partners promote coordinated school health programs that have eight components (see graphic, page 2). In addition to receiving instruction, students practice decision-making, communication, and peer relations skills to enable them to make informed choices and establish healthy lifestyles.

CDC Funding for Coordinated School Health Programs, Fiscal Year 2003



*Currently no states are funded at this level.

Coordinated Efforts in School Health

State Success Stories

Florida. Many of Florida's 2.7 million youth have unhealthy habits, such as smoking, eating an unhealthy diet, and being sedentary. At McIntosh Middle School in Sarasota, health problems were undermining attendance and performance of the students and staff. The principal committed McIntosh to join the state's CDC-funded network of coordinated school health programs. As a result, school attendance has improved, more students have scored at least 3.0 on a state-mandated writing assessment, and most students are now members of the Renaissance Program, which means they have a grade point average of at least 3.0 and no disciplinary referrals. Standard-curriculum math scores have increased, and students are less likely to encounter safety threats at school.

Michigan. With CDC support, Michigan has developed model HIV/AIDS curricula for students in elementary, middle, and junior high schools. Before selecting a curriculum, schools assess students' needs, community preferences, the law, the latest research, and known prevention strategies. School districts often survey parents so that their input can be considered. To support these efforts, Michigan has built a network of school health coordinators, educators, juvenile justice staff, and agencies that serve youth. Recent trends indicate these efforts are working. The percentage of students in grades 9–12 who said they had had sexual intercourse declined from 49% in 1997 to 40% in 2001.

Because states are empowered to apply the funds in a variety of ways, they are able to address their high-priority, local health risks. For example,

- **West Virginia** improved school nutrition for students and staff by adopting one of the strongest standards for school nutrition in the nation. These standards were backed up by a 1-week nutrition symposium for all staff who had a role in student nutrition.
- **Maine** addressed high tobacco addiction rates by using a proven successful curriculum, the Life Skills Training program.

- **Wisconsin** increased physical activity among students by offering teachers an annual Best Practices in Physical Activity and Health Education Symposium.

Surveillance Plays a Key Role

Since 1991, the Youth Risk Behavior Surveillance System has provided data that are vital to improving the health of young people. Developed by CDC and partners, this voluntary system included a national survey of more than 13,000 high school students in 2001. Smaller surveys were conducted by state and local education and health agencies.

Research Benefits Schools

National efforts for coordinated school health programs have been hampered by a lack of information on school health policies and programs. To address this need, CDC has conducted the School Health Policies and Programs Study, which provides valuable answers to questions about school health programs at the state, district, school, and classroom levels. For example, the 2000 study showed that most states require schools to teach health education, and more than half of schools have at least one nurse for every 750 students, as is recommended. The study also revealed that more than half of the nation's schools still do not have policies ensuring tobacco-free environments. Such findings pinpoint successes in school health and areas where improvements are needed.

Future Directions

Because every child needs sound preparation for a healthy future, school health programs should be in all schools in every state. This will help the nation reach its *Healthy People 2010* goals for youth. In support of the Department of Health and Human Services initiative, *Steps to a HealthierUS*, CDC is committed to supporting coordinated school health programs to reduce health risk behaviors and promote good health among youth.

For more information or additional copies of this document, please contact the
Centers for Disease Control and Prevention,
National Center for Chronic Disease Prevention and Health Promotion, Mail Stop K–29,
4770 Buford Highway NE, Atlanta, GA 30341-3717; (888) 231-6405.
HealthyYouth@cdc.gov www.cdc.gov/healthyyouth